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<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

**FROM:** Jennifer S. Lee, M.D., Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 6/1/2018

**SUBJECT:** Drug Utilization Review (DUR) Board-Approved Drug Service Authorization (SA) Requirements and Virginia Medicaid Preferred Drug List (PDL) Program Changes—Effective July 1, 2018

The purpose of this memorandum is to inform providers about additions and changes to Virginia Medicaid's fee-for-service (FFS) Preferred Drug List (PDL) Program effective July 1, 2018 and new drug service authorization (SA) requirements approved by DMAS' DUR Board. The FFS PDL changes also apply to the Common Core Formulary utilized by the Commonwealth Coordinated Care Plus (CCC Plus) managed care health plans effective July 1, 2018. In addition, Medallion 4.0 managed care health plans will be required to comply with the Common Core Formulary effective August 1, 2018. The DMAS PDL does not apply to members enrolled in Medallion 3.0 managed health plans or FAMIS.

## **DMAS Drug Utilization Review Board Activities**

The DMAS Drug Utilization Review Board (DUR Board) met on March 22 and May 10, 2018 and approved service authorization (SA) criteria for the following drugs based on FDA approved labeling:

- Biktarvy® (bictegravir/emtricitabine/tenofovir)
- Calquence® (acalabrutinib)
- Erleada™ (apalutamide)
- Gocovri™ (amantadine extended-release)
- Hemlibra® (emicizumab-kxwh)
- Juluca™ (dolutegravir/rilpivirine)
- Prevymis™ (letermovir)
- Symdeko™ (tezacaftor/ivacaftor)
- Symfi Lo (efavirenz/lamivudine/tenofovir)
- Verzenio™ (abemaciclib)
- Ximino™ (minocycline)

## **Preferred Drug List (PDL) Updates – Effective July 1, 2018**

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid fee-for-service program allows payment without requiring SA. In designated classes, drugs classified as non-preferred will be subject to SA. In some instances, additional clinical criteria may apply to a respective drug class that could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL is effective for the Medicaid, FAMIS Plus fee-for-service populations and non-dual eligible members covered under the CCC Plus program and managed care members enrolled with Medallion 4.0 beginning August 1, 2018. The Virginia Medicaid PDL **does not** apply to members enrolled in Medallion 3.0 managed care organization or Medicaid members with Medicare Part D plans.

The DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase II drug classes on April 19, 2018 and evaluated several new classes for addition to the PDL. The Committee approved the following **changes and additions** to Virginia Medicaid's PDL:

Drug Class	Preferred	Non-Preferred (requires SA)
Acne Agents (topical)	Clindamycin/benzoyl peroxide; clindamycin phosphate med swab; Differin® Gel OTC	Benzaclin®, Differin® cream/gel(Rx)/gel pump/lotion
Anti-Allergens (Oral)		Odactra
Antifungals (topical)	Clotrimazole cream (RX)	Clotrimazole/betamethasone cream; nystatin/triamcinolone cream & oint
Antiemetic/Antivertigo Drugs		Cinvanti®, Varubi®
Antihyperuricemics		Duzallo®
Anti-Parkinson's Agents	Amantadine capsule	
Antivirals (oral)	Oseltamivir suspension	Tamiflu® suspension
GI Motility, Chronic		Symproic®
Glucocorticoids, Inhaled		QVAR® Redihaler™, Trelegy™ Ellipta®
Hypoglycemics – Incretin Mimetics/Enhancers	Glyxambi®	Bydureon® Bcise™
Hypoglycemics – Insulin		Fiasp®, Admelog®
Hypoglycemics – SGLT2	Jardiance®, Synjardy®	
Intranasal Rhinitis Agents		Xhance™
Macrolides/Ketolides	EryPed® 200 suspension	Erythromycin ethylsuccinate 200 susp
Ophthalmics, Glaucoma Agents		Vyzulta™
Opiate Dependence Treatments		Sublocade™
Opioids, Short-acting		Butalbital/Caf/APAP/Cod; Nucynta®, Oxaydo®, Panlor®
Platelet Aggregation Inhibitors	Prasugrel	Effient®
Stimulants / ADHD Agents	Atomoxetine; Concerta®	Strattera®

The P&T Committee approved new or revised clinical criteria for several drug classes or drugs on the PDL. **Effective July 1, 2018**, the Committee approved additional criteria for ADHD/Stimulants, Hepatitis C Antivirals, Mavyret, oral hypoglycemics and Sublocade™. These new criteria include:

- Additional testing requirements for members ≥ 18 prescribed ADHD drugs
- Relaxed service authorization criteria for Mavyret allowing for the prescribing by non-specialists
- A metformin step-edit for all other classes of oral hypoglycemics including DPP-IV, SGLT2, GLP-1 receptor antagonists, etc.
- New service authorization requirements for the Sublocade™ (buprenorphine injection)

Virginia's PDL and clinical criteria can be found at [www.virginiamedicaidpharmacyservices.com](http://www.virginiamedicaidpharmacyservices.com).

**Stimulants and Other Drugs Used to Treat Attention Deficit and Hyperactivity Disorder (ADHD)**

National data shows an alarming rise in rates of illicit stimulant drug use, including not only cocaine and methamphetamine, but also non-medical use of prescription stimulants. Overdose deaths attributed at least in part to cocaine and methamphetamine have been rising steadily since 2010, with an escalation in the last several years. Virginia is not immune from this trend, with the number of fatal cocaine and methamphetamine overdoses increasing since 2014. Additionally, data from the annual National Survey on Drug Use and Health (NSDUH) show there are now more new initiates of all stimulant types than of opioids, and that new initiates of non-medical prescription stimulant use are increasing even faster than cocaine new initiates.

In response to this trend, effective July 1, 2018, DMAS and the managed care health plans will require a SA for stimulants prescribed for any member 18 years of age or older. Service authorization requirements will require the prescriber to check the Virginia Prescription Monitoring Program (PMP) and review a urine drug screen prior to initiating therapy.

In addition, the Committee eliminated the service authorization requirements for PDL preferred stimulants prescribed to members between the ages of four (4) and eighteen (18) years. Stimulants prescribed for children under the age of four (4) must be prescribed by a pediatric psychiatrist, pediatric neurologist, developmental/behavioral pediatrician or in consultation with one of these specialists.

The following stimulants/ADHD medications are available without service authorization when prescribed in accordance to the FDA approved indications for children under the age of 18:

- Adderall® XR
- amphetamine salts (generic for Adderall® immediate release)
- atomoxetine (generic for Strattera®)
- Concerta® (methylphenidate)
- dextroamphetamine (generic for Dexedrine®)
- Focalin® (dexmethylphenidate)
- Focalin® XR
- guanfacine ER
- Kapvay® SR (clonidine)
- methylphenidate (immediate release)
- QuilliChew ER™
- Quillivant XR® (methylphenidate) susp
- Vyvanse® (lisdexamfetamine)

**Service Authorization (SA) Process**

A message indicating that a drug requires a SA will be displayed at the point-of-sale (POS) when a prescription for a non-preferred drug is entered at point-of-sale (POS). Pharmacists should contact the member's prescribing provider to request that they initiate the SA process. Prescribers can initiate SA requests by letter, faxing to 1-800-932-6651, contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week), or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration  
ATTN: MAP Department/ VA Medicaid  
11013 W. Broad Street, Suite 500  
Glen Allen, Virginia 23060

Service authorizations forms are available online at [www.virginiamedicaidpharmacyservices.com](http://www.virginiamedicaidpharmacyservices.com). The PDL criteria for SA purposes are also available on the same website.

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**MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

**MANAGED CARE PROGRAMS**

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:  
[http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Medallion 4.0:  
[http://www.dmas.virginia.gov/Content\\_pgs/medallion\\_4-home.aspx](http://www.dmas.virginia.gov/Content_pgs/medallion_4-home.aspx)
- Commonwealth Coordinated Care Plus (CCC Plus):  
[http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmas.virginia.gov/Content\\_atchs/ltc/PACE%20Sites%20in%20VA.pdf](http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf)

**COMMONWEALTH COORDINATED CARE PLUS**

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long-term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx).

**VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

**KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

**“HELPLINE”**

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

**TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE**

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is [http://www.dmas.virginia.gov/Content\\_pgs/appeal-home.aspx](http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx) and the form can be accessed from there by clicking on, “Click here to download a Provider Appeal Request Form.” The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

**PROVIDERS: NEW MEDICARE CARDS ARE COMING**

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1<sup>st</sup>.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

**MEMBERS: NEW MEDICARE CARDS ARE COMING**

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that’s unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>